HEALTH CARE ACQUIRED INFECTIONS ADVISORY COMMITTEE

October 9, 2007 2:00-4:00 PM (Digitally recorded) Oregon State Library Room 103 Salem, OR

MEMBERS PRESENT:	Paul Jim Kath Woo Ron Mel Laur Patr Bart Rode Johr	Barnhart Cieslak, MD Dameron Ileen Elias Idy English, MD Jamtgaard Kohn, MD Ta Mason Icia Martinez, MD Y Post Dara Prowe ger Slevin, MD Townes, MD Dee Vallier
MEMBERS EXCUSED:	Lynn-Marie Crider Jon Pelkey Jeanene Smith, MD, MPH	
STAFF PRESENT:	Tina Edlund, OHPR Deputy Administrator Sean Kolmer, Data & Research Manager Shawna Kennedy-Walters, Policy & Analysis Unit Assistant	
ISSUES HEARD:	 Nomination & Election of Co-Chairs Review House Bill 2524 Review Timeline, Draft Charter, and Work Plan Review Meeting Materials Future Meetings 	
(Digitally Recorded)		
Sean Kolmer	Ι.	Call to order - There is quorum.
	11.	 Nominations of Co-Chairs Discussion Mel Kohn and Paul Cieslak were nominated; Paul Cieslak declined due to other commitments. It was decided that the election would be postponed until the next meeting so the

• The vision of the role of the co-chairs would be to keep the group within the frame of what the group was designed for, and to help keep the committee moving forward with its goals.

members could become better acquainted.

III. Review of House Bill 2524

Discussion

- House Bill 2524, creating the Health Care Acquired Infections Advisory Committee, was a priority to the Legislature in the last session. The basic objectives of the program are outlined in Section 3 of House Bill 2524.
- There is no time table in the statutes about the order of reporting for the facilities, so that should be incorporated into the rules-making process, along with patient and facility confidentiality. The rules must be finalized by July 2008, which means a rules-making decision deadline of May 2008.
- Jeanene Smith, the administrator at the Office for Oregon Health Policy & Research, will create a schedule of penalties not to exceed \$500/day for violations of the rules adopted by July 2008.
- The first statement in Section 1 could be viewed as an unrealistic standard as not all health care acquired infections will be prevented, but it is the goal that will be strived for.
- There is a need to gather more information on what the consumers are concerned about and approach public reporting from that perspective.

IV. Review of Draft Charter

Discussion

- Objective #4 would involve improved documentation on determining if a patient enters the hospital with a pre-existing infection.
- The challenge in creating reports is trying to come up with risk assessment tools that assess acuity and risk for infection.
- There needs to be an ongoing responsibility to put value into data, make it understandable rather than overwhelming, decide what action will be taken, and what recommendations will be made on the basis of it.
- Methodologies may vary on collecting data from small facilities as opposed to much larger ones as it would be harder to evaluate the true infection rate in a facility with a very low volume of patients.
- The Office for Oregon Health Policy and Research will own the data and it becomes data available to the public.

V. Public Testimony

No audience members present wished to provide testimony.

VI. Future Meetings

Discussion

- Need to clearly define what the group wants to measure, and look at definitions.
- Next meeting will be the second Tuesday in November, location to be determined.

Meeting adjourned at approximately 4:00 p.m.

Submitted by: Shawna Kennedy-Walters Policy & Analysis Unit Assistant **Reviewed by:** Sean Kolmer Data & Research Manager

EXHIBIT SUMMARY

1 – Agenda

- 2 OHFB Committee Members List
 3 -- Draft Charter & Timeline
 4 HB 2524
 5 HAI Full Report
 6 CMS HAI Rules
- 7 NHSN Report
- 8 NY HAI Reporting

http://www.oregon.gov/OHPPR/docs/MeetingMaterials_10907.pdf

- 9 OH PICU Report 10 – PA HAI Report 11 – PHC4 MRSA Brief 12 – HAI Consensus Statement 13 – Public Reporting Guide
- 14 Reporting Matrix
- 15 State Matrix
- 16 TX Full Report